

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:
Chan Young Park
Serial No: 10/766,622
Filed: January 27, 2004
For: LASER DISPLAY SYSTEM

2629

Examiner: Said, Mansour M.

Conf. No.: 3759

Mail Stop Amendment
Commissioner for Patents
P. O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an AMENDMENT in the above-identified application.

- Terminal Disclaimer is enclosed.
- A petition for extension of time for _____ month(s) is enclosed.
- Request for Continued Examination (RCE) is enclosed.
- An information disclosure statement in accordance with 37 CFR 1.56 and 1.97 is enclosed.
- No additional fee is required.

The fee has been calculated as shown below:

| | (Col. 1) CLAIMS REMAINING AFTER AMENDMENT | | (Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR | (Col. 3) PRESENT EXTRA* | LG/SM \$ ENTITY FEE | | ADD'L FEE DUE |
|-------------------------------------------------|-------------------------------------------------|---|---------------------------------------------------|-------------------------------|------------------------------------------------------|----------------------|------------------|
| TOTAL CLAIMS FEE | 14 | - | 20 | ** | 0 | LG=\$50 SM=\$25 | \$50 |
| INDEPENDENT CLAIMS FEE | 3 | - | 3 | *** | 0 | LG=\$200 SM=\$100 | \$200 |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS | | | | | LARGE ENTITY FEE = \$360 SMALL ENTITY FEE = \$180 | | \$ 0 |
| | | | | | TOTAL | | \$ 0 |

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to

Deposit Account No. 502290.

Excess claim fee in the amount of \$_____.

Extension fee of \$_____.

RCE filing fee of \$_____.

IDS filing fee in the amount of \$_____.

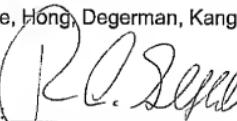
Petition fee in the amount of \$_____.

Any filing fees under 37 CFR 1.16 for the presentation of extra claims.

Any patent application processing fees under 37 CFR 1.17.

Respectfully submitted,

Lee, Hong, Degerman, Kang & Schmadeka

By: 

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Date: March 7, 2007

Customer No. 035884